

Foster Family Home - Corrective Action Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

94-780 Koniaka Place

Waipahu HI 96797

Review ID: 1-513011-5

Reviewer: Julie Hastings

Begin Date: 12/17/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA within 30 days.

6.(d)(1) -

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)

No evidence of privacy/confidentiality training for CG#4, HHM #2, HHM#3, HHM#5

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire

Only PCG conducted Fire Drills in 2018. (No Fired drill for CG#4 in 2019). Each Caregiver must conduct at least one fire annually.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)

No medication side effects for Client #3

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)

Client #1 and Client #2 with no MD signature on Service plan

Julie A. Hastings, RN, BSN
Compliance Manager

12/17/2019
Date

LILIA O. GALUTIRA
Primary Care Giver

12-17-2019
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Lilia O Galutira

CCFFH Address: 94-780 Koniaka Place Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	Caregiver #4 Lapsed Privacy/ Confidentiality. Cannot be corrected	12/18/19	CCFFH understands how important privacy/ confidentiality checks are. CCFFH will make all caregivers will have privacy training within 1 week of working in the home. CCFFH will use calendar on phone to input dates 7 days prior to requirements expiration to prevent future lapses.

Primary Caregiver's Signature: _____

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19

Community Care Foster Family Home (CCFFH)
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Chapter 17-1454

CCFFH Name: Lilia O Galutira

CCFFH Address: 94-780 Koniaka Place Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	Household member #2 Lapsed Privacy/confidentiality. Cannot be corrected.	12/15/19	CCFFH understand how important privacy/confidentiality checks are. CCFFH will make sure household will have privacy training within one week of staying in the same home. CCFFH will use calendar on phone to input due dates 7 days prior to requirements expiration to prevent future lapses.
16.(b)(5)	Household member #3 Lapsed privacy/confidentiality. Cannot be corrected.	12/18/19	CCFFH will make sure household member will have privacy training within one of staying in the same home. CCFFH will use calendar on phone to input due dates 7 days prior to requirements expiration to prevent future lapses.

Primary Caregiver's Signature: _____

Lilia O Galutira

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19

Community Care Foster Family Home (CCFFH)
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Chapter 17-1454

CCFFH Name: Lilia O Galutira

CCFFH Address: 94-780 Koniaka Place Waipahu. Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	Household Member #5 Lapsed privacy/confidentiality training. Cannot be corrected.	12/18/19	CCFFH understands how important privacy/confidentiality checks are. CCFFH will make sure all household members will have privacy training within 1 week of staying/admission on the home. CCFFH will use calendar on phone to input due dates 7 days prior to requirements expiration to prevent future lapses.

Primary Caregiver's Signature: _____

Lilia O Galutira

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
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CCFFH Name: Lilia O Galutira

CCFFH Address: 94-780 Koniaka Place Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3p)(b)(6)	Caregiver#4 No Fire Drill in 2019.	12/28/19	CCFFH understand fire drill checks are. All caregivers will perform fire drill in a home first of every month and rotate caregivers so caregiver does at least one fire drill. CCFFH will set fire drill reminder on front of the book.

Primary Caregiver's Signature: _____

Lilia O Galutira

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.(c)	Client # 3 No medication side effects.	12/18/19	CCFFH understands how important side effects are. CCFFH will print all new or changed medication within 1 day of receiving/changing medication and put on the chart. CCFFH will make sure side effects printed on the medication profile.

Primary Caregiver's Signature: _____

Lilia O Galutira

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19

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CCFFH Name: Lilia O Galutira

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(2)	Client #1 Lapsed Medical Doctor signatures on Service Plan Cannot be corrected.	12/27/19	CCFFH understands how important Medical Doctor have signatures on Service Plan. CCFFH will make sure all Service Plan have Medical Doctor signatures within 1 week of new Service Plan. CCFFH will use calendar on phone to input dates 7 days prior to requirements expiration to prevent future lapses.

Primary Caregiver's Signature: _____

Lilia O Galutira

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed In Corrective Action Report
Chapter 17-1454

CCFFH Name: Lilia O Galutira

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(2)	Client #2 Lapsed Medical Doctor signatures on Service Plan Cannot be corrected.	12/27/19	CCFFH understands how important Medical Doctor have signatures on Service Plan. CCFFH will make sure all Service Plan have Medical Doctor signatures within 1 week of new Service Plan. CCFFH will use calendar on phone to input dates 7 days prior to requirements expiration to prevent future lapses.

Primary Caregiver's Signature: _____

Lilia O. Galutira

Print Name: Lilia O Galutira

Date of Signature: _____

12/27/19